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CONFIRMATION NO. 3144

SERIAL NUMBER 09/420,695	FILING OR 371(c) DATE 10/19/1999 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. RPP156AUS
APPLICANTS YASMIN THANAVALA, WILLIAMSVILLE, NY; CHARLES JOEL ARNTZEN, ITHACA, NY; HUGH S. MASON, Ithaca, NY;				
** CONTINUING DATA ***** This application is a CIP of 09/418,177 10/13/1999 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/09/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 3				
ADDRESS 49003				
TITLE ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING HEPATITIS SURFACE ANTIGEN				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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